WORKERS' COMPENSATION DECLARATION	76A663 10/81 APPLICA	ATION F	ORFIE	CTRICAL PER	MIT		
I hereby affirm that I have a certificate of consent to self insure or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800,Lab. C.)			ON LLL	BUILDING AND			
Policy No Company	FOR APPLICANT 1	O FILL IN	JOB ADDRESS 4117 6. WHITIER BLVD.				
Certified copy is hereby furnished.	New Residential Bldgs. & Pools	EACH NO		LOCALITY E. L. A.	171711-12 13-410.		
Certified copy is filed with the county building inspection		- \$	- \$	NEAREST			
department.	Multi-family Sq. Ft Residential Swimming Pools			CROSS ST.			
Date Applicant	- Hesideritial Owillining 1 0015			OWNER OR VERONICO TRUDICO			
CERTIFICATE OF EXEMPTION FROM WORKERS' COMPENSATION INSURANCE	Outlets: Rec Light Sw First 20	-		MAIL ADDRESS 1615 E. 22 NO. ST.			
(This section need not be completed if the work involved by the permit is for one hundred dollars (\$100) or less.)	Total No Additional			CITY Z.A. PLAN CHECK	Tel. No.748-7184		
I certify that in the performance of the work for which this permit is issued, I shall not employ any person in any manner so as to				APPLICANT			
become subject to the Workers' Compensation Laws.	Lighting Fixtures First 20			ADDRESS			
	Total No Additional			CITY - Suits	Tel. No.		
Date Applicant NOTICE TO APPLICANT: If, after making this Certificate of	Fixed Appliances Not Over 1 HP			PERMIT IN PARIS	MILO		
Exemption, you should become subject to the Workers' Compensation provisions of the Labor Code, you must forthwith comply with such	Range Heater D.W.			PERMIT APPLICANT M. CARBALLO ADDRESS R.O. Box 39247			
provisions or this permit shall be deemed revoked.	Top FAU W.H			CITY DOWNEN	Tel. No.928 • 2383		
LICENSED CONTRACTORS DECLARATION I hereby affirm that I am licensed under provisions of Chapter 9	Hood Fan Other Disp Room Air Cond			LICENSE OR E. 78 40			
(commencing with Section 7000) of Division 3 of the Business and				DISTRICT NO.	PROCESSED BY		
Professions Code, and my license is in full force and effect.	Power Apparatus & Large Appliances			DISTRICT NO.	ER		
License Number Lic. Class	Size & Type HP, KW KVA or KVAR			FINAL	1 00		
License Number Lic. Class	Up to 1 Incl. Over 1 to 10 Incl.	7.00 43	3 30100	DATE	VALIDATION		
Contractor Date	Over 10 to 50 Incl.	18.00 2	36 00	FINAL	VALIDATION		
I am exempt under Sec.	Over 50 to 100 Inc.	36.00 9		BY	d		
B.&P.C. for this reason	Over 100	60.00	36000		7 250		
Date:	Services, Swbd., MCC & Panelboards 0 - 200 Amp. Under 600 V			NO. 5751A	117		
Signature	201 - 1000 Amp. Under 600 V			# 19			
	Over 1000 Amp. or Over 600 V	70.00 2	2 140 00	1/17250			
Exemption for Reg. Maint. Elect.				47250 W	WHAT		
SINGLE FAMILY HOME OWNER-BUILDER DECLARATION	Temp. Power Pole & Appurtenances Sign with One Branch Circuit				29/V		
I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and Professions			Contract of	11-30-	11		
Code):				I WAN MY			
I, as owner of the property, will do the work and the structure	Misc. Conduits & Conductors						
is not intended or offered for sale (Section 7044, Business and Professions Code).	Other (See Complete Fee Schedule)						
CONSTRUCTION LENDING AGENCY							
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued (Sec. 3097)		(Sub-Total)	0.1-				
Civ. C.).	PERMIT FEE	(Sub-Total)	743 00				
	PLAN CHECKING FEE 50%		47250				
Lender's Name	PERMIT ISSUING FEE		10 50	Professional Commence			
Lender's Address			10 30				
I certify that I have read this application and state that the above information is correct. I agree to comply with all County ordinances							
and State laws regulating Electrical wiring, and hereby authorize							

representatives of this County to enter upon the above-mentioned

Date

property for inspection purposes.

Signature of Permittee

SEE REVERSE FOR EXPLANATORY LANGUAGE

WORKERS' COMPENSATION DECLARATION I hereby affirm that I have a certificate of consent to self insure, or a certificate of Workers' Compensation Insurance, or a certified copy thereof (Sec. 3800, Lab. C.)	APPLICATION FOR PERMIT 76A364C CE - 818 (REV. 10/81) APPLICATION FOR PERMIT HEATING - VENTILATING - AIR CONDITIONING									
Policy NoCompany Certified copy is hereby furnished.	COUNTY OF LOS ANGELES BUILDING AND SAFETY									
Certified copy is filed with the county building inspection department.	FOR APPLICANT TO FILL IN (PRINT OR TYPE ONLY)				BUILDING AIME WHITER B					
DateApplicant CERTIFICATE OF EXEMPTION FROM WORKERS'	NO.	TYPE OF APPLIANCE OR EQUIPMENT	F	EE	NEAREST CROSS ST.	Hype	IES			
COMPENSATION INSURANCE (This section need not be completed if the work involved by	-	ABSORPTION UNIT, BTU	- 11-		DISTRICT NO.	PROCES	SSED BY			
the permit is for one hundred dollars (\$100) or less.) I certify that in the performance of the work for which this	4	AIR HANDLING UNIT, CFM	_ 40	00	6		E.B.			
permit is issued, I shall not employ any person in any manner so as to become subject to the Workers' Compensation Laws	1	BOILER, BTU	-		APPROVALS	DATE	INSPECTOR'S SIGNATURE			
Date 11/24 8 Applicant Splene Smith		COMPRESSOR, BTU	- 16		ROUGH					
NOTICE TO APPLICANT: If, after traking this Certificate of Exemption, you should become subject to the Workers'	4	VENTILATION SYSTEM	40	00	FINAL	VALIDATIO				
Compensation provisions of the Labor Code, you must forth- with comply with such provisions or this permit shall be		EVAPORATIVE COOLER				VALIDATIO	<u>ON</u>			
deemed revoked. LICENSED CONTRACTORS DECLARATION		FURNACE: FAUGRAVITY FLOORBTU				No.	5765A			
I hereby affirm that I am licensed under provisions of Chapter 9 (commencing with Section 7000) of Division 3 of the Business		HEATER: SUSPENDEDUNIT				#.	22			
and Professions Code, and my license is in full force and effect.							40.00			
License Number 35 ULiq. Class							40.00			
Contractor Metro Shere Hyerra 11/248	1		80	00		11-	-30-87			
I am exempt under Sec	Plan	heck fee 50%	41	100						
B.&P.C. for this reason		PERMIT ISSUING FEE	\$							
Date:		TOTAL FEE		3						
OWNER-BUILDER DECLARATION	PLAN CH	IECK APPLICANT								
I hereby affirm that I am exempt from the Contractor's License Law for the following reason (Section 7031.5, Business and	NAME	Hetro Sheet Men	60.							
Professions Code): I, as owner of the property, or my employees with	ADDRESS MAGINIA AX #K									
wages as their sole compensation, will do the work and the structure is not intended or offered for sale (Section	CITY	CITY POWN D. (8+8)0 0102-7124								
7044, Business and Professions Code).	OWNER	Correspond (1/41)	onic	TO	toillo\					
I, as owner of the property, am exclusively contracting with licensed contractors to construct the project (Section 7044, Business and Professions Code). CONSTRUCTION LENDING AGENCY	MAIL ADDRESS & TO FRIVIAL OF.									
I hereby affirm that there is a construction lending agency for the performance of the work for which this permit is issued										
(Sec. 3097, Civ. C.).	ADDRES	1400 Virginia AVE	111			SEARCH STATE				
Lender's Name	CITY PHOLIN. OK. (8/87). NO. 0/107-7/24									
Lender's Address I certify that I have read this application and state that the	STATE LICENSE	NO. 254716 LIC. CLASS C	42							
above information is correct. I agree to comply with all County ordinances and State laws relating to building construction, and hereby authorize representatives of this County to enter upon the above mentioned property for inspection pyrposes.	LICENSE	SEE REVERSE FOR EXPLANATORY LA	NGUAG	E						

SEE REVERSE FOR EXPLANATORY LANGUAGE

Signature of Applicant or Agent